

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41827

1. PLACE OF DEATH

County Helps Co.
Township St. James
City _____ (No. _____)

Registration District No. 678
Primary Registration District No. 4404

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. St. James Mo. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Wheat</u>			
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-21-1843</u>			
	7. AGE	YEARS <u>88</u>	MONTHS <u>5</u>	DAYS <u>19</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pensioner</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Bank</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Indiana</u>			
	13. NAME <u>James Wheat</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Mary Wheat</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>Wilsonman</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Soldiers Home Cemetery</u> DATE <u>Dec-3-31</u>				
19. UNDERTAKER (ADDRESS) <u>Jonas and New York</u>				
20. FILED <u>12-3-1931</u> <u>Henry F. Walters</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1931

22. I HEREBY CERTIFY, That I attended deceased from June 10-1931, to Dec 2-1931.
First saw him alive on Dec 1-1931. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic subacute nephritis Date of onset 1920

Other contributory causes of importance:
131 131

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) William J. Berry, M. D.
(Address) St. James Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

